

## Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-BGC-APP--016A (Rev. 03/08 04/08)



~~DIVISION~~ BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 263-3408; Fax (916) 263-3403

### PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every gambling establishment key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b). The purpose of this Gambling Establishment Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Date of Photograph

**Affix a passport quality photograph taken  
within the last 30 days here.**

**Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.**

### SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME					
LAST		FIRST		MIDDLE	
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		
			NO.		STATE EXP
PHYSICAL DESCRIPTION					
HEIGHT		WEIGHT		HAIR COLOR EYE COLOR	
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION					
ARE YOU A UNITED STATES CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?		
ALIEN REGISTRATION NUMBER			IF NATURALIZED, CERTIFICATE NUMBER		
DATE NATURALIZED (MM/DD/YYYY)			PLACE		
DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, COMPLETE INFORMATION BELOW.					
NAME OF FAMILY MEMBER		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
RELATIONSHIP		POSITION HELD		SUPERVISOR'S NAME	
NAME OF FAMILY MEMBER		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
RELATIONSHIP		POSITION HELD		SUPERVISOR'S NAME	

### SECTION 2: MARITAL INFORMATION

<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
CURRENT SPOUSE		
NAME	DATE OF BIRTH	YEARS OF MARRIAGE
<input type="checkbox"/> N/A FORMER SPOUSE		
NAME	DATE OF BIRTH	YEARS OF MARRIAGE

**SECTION 3: RESIDENCES**

LIST ALL RESIDENCES DURING THE LAST FIVE YEARS (*MOST RECENT FIRST, EXCLUDING CURRENT*). PROVIDE COMPLETE ADDRESSES (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST, ETC., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.

A) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		

**SECTION 4: EXPERIENCE AND EMPLOYMENT**

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST **ALL** JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS. INCLUDE PERIODS OF UNEMPLOYMENT AND IN THE DUTIES/ASSIGNMENTS SECTION EXPLAIN HOW YOU SUPPORTED YOURSELF WHILE UNEMPLOYED.

A) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					
B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					

C) NAME OF EMPLOYER					FROM (MM/YYYY)		TO (MM/YYYY)									
					ADDRESS (NUMBER / STREET)					SUPERVISOR						
					CITY				STATE	ZIP		CONTACT NUMBER (     )		EXT		
					JOB TITLE			REASON FOR LEAVING				GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					DUTIES / ASSIGNMENTS											
D) NAME OF EMPLOYER					FROM (MM/YYYY)		TO (MM/YYYY)									
					ADDRESS (NUMBER / STREET)					SUPERVISOR						
					CITY				STATE	ZIP		CONTACT NUMBER (     )		EXT		
					JOB TITLE			REASON FOR LEAVING				GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					DUTIES / ASSIGNMENTS											
E) NAME OF EMPLOYER					FROM (MM/YYYY)		TO (MM/YYYY)									
					ADDRESS (NUMBER / STREET)					SUPERVISOR						
					CITY				STATE	ZIP		CONTACT NUMBER (     )		EXT		
					JOB TITLE			REASON FOR LEAVING				GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					DUTIES / ASSIGNMENTS											

SECTION 5: MILITARY EXPERIENCE		
HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH A COPY OF YOUR DD-214		
BRANCH OF SERVICE		DATES OF SERVICE FROM TO
COUNTRY OF SERVICE	RANK AT SEPARATION	SERVICE NUMBER
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE		
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY..... <input type="checkbox"/> YES <input type="checkbox"/> NO DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW. .... <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

**SECTION 6: CRIMINAL HISTORY INFORMATION**

HAVE YOU EVER BEEN **CONVICTED** OF A CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME (OTHER THAN A VEHICLE CODE INFRACTION)? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, **UNLESS** THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER.

☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT.

A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	
B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	
C) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	
D) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	

HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?..... ☐ YES ☐ NO

**SECTION 7: OTHER LICENSING INFORMATION**

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, OR CERTIFICATE RELATED TO GAMING?..... ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

A) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER
B) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING?... ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/ SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER FROM: TO:
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/ SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER FROM: TO:

SECTION 8: BUSINESS INTEREST

LIST ALL BUSINESSES, SUCH AS CORPORATIONS AND PARTNERSHIPS, WITH WHICH YOU ARE CURRENTLY ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY.

LIST ALL GAMBLING RELATED BUSINESSES WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. ATTACH ADDITIONAL SHEETS AS NECESSARY.

<div>DATES OF INVOLVEMENT</div> <div>FROM TO</div>	<div>NAME OF BUSINESS ENTITY</div> <div>BUSINESS TELEPHONE NUMBER</div> <div>( )</div>	<div>BUSINESS ENTITY MAILING ADDRESS</div>		
<div>YOUR CAPACITY/TITLE</div>	<div>PRIMARY PURPOSE OF BUSINESS</div>	<div>AMOUNT OF INVESTMENT</div>	<div>% OF OWNERSHIP/# OF SHARES OWNED</div>	<div>GAMBLING RELATED?</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>

SECTION 9: FINANCIAL HISTORY INFORMATION

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?..... ☐ YES ☐ NO

IF YES, EXPLAIN BELOW.

<div>DATE FILED (MM/DD/YYYY)</div>	<div>DATE DISCHARGED (MM/DD/YYYY)</div>	<div>WHERE FILED</div>
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HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS? .....☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT AND GIVE COURT NAME AND ADDRESS.

HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION? .....☐ YES ☐ NO

IF YES, PROVIDE THE NAMES OF THOSE INVOLVED, THE DATES FILED, THE COURT CASE NUMBER AND LOCATION, AND THE DISPOSITION DATE.

DO YOU OWN OR CONTROL ANY ASSETS OUTSIDE THE UNITED STATES?..... ☐ YES ☐ NO

IF YES, PROVIDE COMPLETE DETAILS BELOW.

**SECTION 10: GROSS ANNUAL INCOME**

CURRENT GROSS ANNUAL INCOME	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$
INTEREST INCOME	\$
DIVIDEND INCOME	\$
RENTAL INCOME	\$
CHILD SUPPORT	\$
GIFTS	\$
SPOUSAL SUPPORT/ALIMONY	\$
OTHER (SPECIFY, I.E. SPOUSAL INCOME)	\$
OTHER (SPECIFY)	\$
<b>TOTAL GROSS INCOME</b>	\$

DO YOU RECEIVE BONUSES OR PROFIT SHARING FROM YOUR CURRENT EMPLOYER WHICH ARE BASED ON A PERCENTAGE OF THE GAMBLING ESTABLISHMENT REVENUE?

☐ YES    ☐ NO

**THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF \_\_\_\_\_, 20 \_\_\_\_.**

**SECTION 11: STATEMENT OF ASSETS**

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
<b>TOTAL ASSETS</b>		\$

**SECTION 12: STATEMENT OF LIABILITIES**

LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

LIABILITIES	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
<b>TOTAL LIABILITIES</b>		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE ~~DIVISION~~ BUREAU OF GAMBLING CONTROL.

### SECTION 13: SUPPORTING DOCUMENTATION CHECKLIST

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

- ☐ Authorization to Release Information form (~~DGC~~-BGC-APP.006, Rev. ~~03/08~~04/08)
- ☐ Tax returns – signed copies of state and federal, both individual and business for the past three years, including all statements and attachments
- ☐ Bank statements – copies of all personal and business accounts corresponding only to the most recent tax return
- ☐ Investment account statements – copies for all accounts corresponding only to the most recent tax return
- ☐ Naturalization certificate – if a naturalized citizen, a copy of your naturalization certificate
- ☐ Request for Live Scan Service (BCII 8016, Rev. 04/01)
- ☐ Employment contract – copy
- ☐ Local cardroom employee license, permit, badge, etc. – copy
- ☐ Military form DD214, if applicable – copy
- ☐ Alien registration, if applicable – copy
- ☐ Bankruptcy court records, if applicable - copy

### SECTION 14: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at \_\_\_\_\_ on \_\_\_\_\_.

*City and State* *Date*

PRINT FULL NAME

SIGNATURE

DATE



### ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific item being referenced.



**SCHEDULE A - ASSETS**  
**Cash**

List all cash and where it is located, e.g. financial institutions (foreign and domestic), safe deposit boxes, etc.

Name & Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE B - ASSETS**  
**Stocks and Bonds**

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE C - ASSETS**  
**Accounts and Notes Receivable**

List all loans, accounts, and notes receivable.

Name & Address of Debtor	Date Acquired	Maturity Date (notes receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE D - ASSETS**  
**Business Investments**

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect, or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

SCHEDULE E - ASSETS  
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number & Location	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (indicate per month, year, etc.)	Purchase Price	Current Market Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE F - ASSETS**  
**Other Assets**

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_



SCHEDULE G - LIABILITIES

Accounts Payable

List all accounts payable (e.g. revolving accounts, credit cards, leases, lines of credit).

Name and Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rates	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

SCHEDULE H - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties and Interest	Unpaid Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

SCHEDULE I - LIABILITIES  
Notes Payable

List all notes payable.

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE J - LIABILITIES**  
**Mortgages Payable**

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE K - LIABILITIES**  
**Contingent and Other Liabilities**

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate	Original Amount	Unpaid Balance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_